PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE RATE FEE BASIC FEE (37 CFR 1.16(a)) 5770,0 TOTAL CLAIMS (37 CFR 1.16(c)) x \$18.P= minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) x \$86.P= minus 3 = OŘ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) s29b.= OR If the difference in column 1 is tess than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENDMENT **AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus Independent (37 CFR 1.16(b)) Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + \$29D= OR TOTAL ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST m REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-NDMENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus AME OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENDMENT **AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + \$290 OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 C D 8303								
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS				RATE	FEE]	RATE	FEE
FOR	NUMBER FILED NUMBER EX		EXTRA	BASIC F	EE	OR	BASIC FEE	890
TOTAL CHARGEABLE CLAIMS	5 minus 20= *			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS	minus 3 = *		X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT			+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL	- 	OR			
10.8.03 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					L ENTITY	OR	OTHER SMALL	
CLAIMS REMAINING	HIGH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * Independent * 3	Minus ** 🔾	20 =		X\$ 9=		OR	X\$18=	_
Independent + 3	Minus ***	9 =		X42=		OR	X84=	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+140=		OR	+280=	
				TOTA			TOTAL ADDIT. FEE	J
11.10.03 (Column 1)	(Colur	nn 2) (C	Column 3)	ADDIT. FE	E		ADDII. FEE	
CLAIMS REMAINING	HIGH NUM PREVIC PAID	BER I	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * (Minus ** ~	20 =	_	X\$ 9=		OR	X\$18=	
Total * Composition of the compo	Minus ***	<u> 3 -</u>		X42=		OR	X84=)
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+140=		OR	+280=	(
/				TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	
J.9.04 (Column 1)	(Colur	The second second	Column 3)					
CLAIMS REMAINING AFTER AMENDMENT	HIGH NUM PREVIO A. PAID	BER I	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * 5	Minus ** 🗸	0 =	-	X\$ 9=		OR	X\$18=	
Total Independent Independent	Minus ***	<u> 3 -</u>		X42=	1	OR	X84=	_
FIRST PRESENTATION OF M	ULTIPLE DEPENDENT	CLAIM		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.				TOTA		OB	TOTAL	<u> </u>
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								

jon or Docket Number

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